

JULY 2008 HEALTHY FAMILIES PROGRAM ANNUAL REPORT SUPPLEMENT TO 2007 FEDERAL ANNUAL REPORT

I. INTRODUCTION

The Managed Risk Medical Insurance Board (MRMIB) is required to submit an annual report (“the Federal Annual Report”) to the Centers for Medicare and Medicaid Services assessing California’s operation of the State Children’s Health Insurance Program (SCHIP) in compliance with Title XXI of the Social Security Act [(Section 2108(a)]. MRMIB submits a copy of this report to the Legislature with a supplement containing the following additional information pursuant to Section 12693.92(b) of the California Insurance Code:

- ♦ The provision of preventive services by health plans and health care providers.
- ♦ The performance of health plans and providers in providing preventive services and addressing barriers to service delivery.
- ♦ The mechanisms that will be used to identify changes over time in the health status of children enrolled in the program along with the provision of information regarding changes in health status for children enrolled in the program.

The information presented below supplements MRMIB’s 2007 Federal Annual Report and highlights key areas presented in the 2007 Federal Annual Report and the report’s attachments.

The report and its attachments can be found at:

<http://www.mrmib.ca.gov/MRMIB/HFP/Fed07AnnualRpt.pdf>

II. PERFORMANCE OF HEALTH PLANS AND PROVIDERS IN PROVIDING PREVENTIVE SERVICES

MRMIB requires participating health plans to submit information regarding the provision of preventive services to members such as immunization rates, and well child visits.

A. Participating Plan Contract Requirements

The Healthy Families Program (HFP) health plan contracts require plans to provide the medical services described in the program regulations. Periodic health exams, prenatal care, immunizations, well care visits, vision and hearing testing, as well as effective health education are examples of the preventive services included in the regulations. Preventive services, including immunizations, must be provided according to guidelines of the American Academy of Pediatrics (AAP) and the Federal Department of Health and Human Services, Centers for Disease Control and Prevention, and Advisory Committee on Immunization Practices (ACIP). Plans may not charge co-payments for preventive services.

B. Informational Materials

Plans supply members and their families with informational materials to ensure that families are aware of the AAP recommended schedule of preventive care and to encourage families to obtain preventive services. In addition, MRMIB provides each enrolled family a member guide that includes the AAP guidelines for preventive services as well as an immunization schedule that uses ACIP guidelines. This information is available in eleven languages. In addition, the health plans' Evidence of Coverage booklets provide members with information about the importance of obtaining preventive services, how to use plan benefits, how to access providers, and where to call with questions.

C. Monitoring Provision of Preventive Services

MRMIB continues to monitor HFP access to care and the delivery of preventive services using the National Committee for Quality Assurance (NCQA) approved Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures. Participating health plans submit annual reports to MRMIB. Plan data is summarized for year-to-year and plan-to-plan comparisons. A detailed description of the measures and results by ethnicity, primary language of member, and by participating health plan can be found in the most recent (2006) HEDIS[®] report on the MRMIB website at: <http://www.mrmib.ca.gov/MRMIB/HFP/HEDIS06.pdf>.

HEDIS data for measurement years 2006 and 2007 will be presented to the Board in the fall of 2008.

D. Immunization Report

MRMIB encourages parents to ensure that every child enrolled in the Healthy Families Program (HFP) to receive all ACIP recommended immunizations. MRMIB monitors the provision of immunization by collecting HEDIS rates on immunization measures from all HFP plans.

In July 2007, MRMIB sent an electronic questionnaire to each health plan to ascertain how HFP plans ensure children receive recommended immunizations. The purpose of the questionnaire was to obtain information regarding how plans remind members of immunizations and how they collect and use immunization data.

MRMIB staff compiled the information into a report that was presented to the Board at the April 16, 2008 meeting. The report shows that overall, for those plans where comparisons were possible, children enrolled in the HFP generally are immunized at rates which exceed the commercial and Medi-Cal Managed Care immunization rates. Possible reasons for this may include the plans' focus on children and the systems the plans have in place to inform its providers and educate members on the importance of immunization as a component of good health.

The "Immunization Practices in the Healthy Families Program" report can be found on the MRMIB website at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041608/Agenda_Item_8.h_Revised-Immunization_Practices_in_the_HFP.04.24.08.pdf

E. Improving Mental Health/Substance Abuse Services for HFP Members

1. Mental Health Workgroup

In April 2007, MRMIB convened a mental health workgroup comprised of HFP plan and county mental health liaisons, MRMIB staff, County Mental Health Directors Association (CMHDA), Department of Mental Health (DMH) and the MRMIB contractor studying HFP Mental Health/ Substance Abuse services. The workgroup meets quarterly.

MRMIB uses the workgroup's expertise to identify best practices in the coordination and provision of care to children with serious emotional disturbances (SED) as well as the provision of basic mental health and substance abuse services provided by the HFP health plans.

The workgroup is currently working on the following:

- ♦ Redesign of the informational brochure on accessing mental health services that providers give HFP member families.
- ♦ Revision of the HFP member handbook to differentiate the types of mental health services provided in the HFP.
- ♦ A list of frequently asked questions (FAQs) regarding how HFP children with serious emotional disturbance(s) (SED) can access services through county mental health programs.

2. Mental Health/Substance Abuse Evaluation

MRMIB is in the process of executing a contract for a two year study that will assess the utilization, timeliness, and quality of basic mental health and substance abuse services provided by the HFP health plans. The study will help MRMIB identify strategies to improve the HFP health plan mental health/substance abuse delivery system and to decrease barriers to services.

F. Lead Screening Regulations

In 2007, children's advocates voiced their concerns to MRMIB that the HFP health plans were not screening young children for lead poisoning as required by law. Testing for lead poisoning is required in the California Code of Regulations for children 12-24 months of age who are enrolled in a publicly funded program like the HFP. Screening for lead poisoning is implied, but not specifically stated as a preventive service in the HFP regulations. MRMIB adopted regulations to explicitly state that lead screening is a preventive service for children in HFP at the May 21, 2008 meeting.

III. PERFORMANCE OF HEALTH PLANS AND PROVIDERS IN ADDRESSING BARRIERS TO SERVICE DELIVERY

A. Ensuring Access to Providers

1. Adequate Network of Providers

a) Requirements

Health plans regulated by the Department of Managed Health Care (DMHC) are required to comply with provider accessibility requirements that are contained in Title 28, Section 1300.67.2 (d) of the California Code of Regulations. The requirements mandate a ratio of approximately one full-time equivalent primary care physician (PCP) for each two thousand enrollees. MRMIB monitors provider networks by requiring plans to notify MRMIB whenever a contract termination may occur that would affect twenty-five or more HFP members. MRMIB collaborates with DMHC when a termination occurs to ensure that the plan maintains an adequate provider network.

b) HFP Health Plan Primary Care Provider Report

Health plans annually report to MRMIB the number of PCPs included in their network, and the percentage of those PCPs who are accepting new patients. MRMIB uses the DMHC accessibility requirements during its review of each plan's report and works with the plan to address any concerns. MRMIB did not identify any concerns about member access to PCPs during the review of the 2007 annual reports submitted by the health plans.

c) Traditional and Safety Net Providers

The California Insurance Code requires MRMIB to take reasonable steps to ensure that the range of provider choices available to each member includes plans that have contracted with Traditional and Safety Net (T&SN) providers for inclusion in their networks. T&SN providers are providers who have historically served low-income uninsured children.

The California Insurance Code further requires plans to submit to MRMIB an annual report on the number of members who selected T&SN providers as their primary care physician during the previous calendar year. A report is developed each year that identifies how many members are assigned to or choose a T&SN provider. The report for calendar year 2007 will be completed in July 2008.

The categories of T&SN providers are defined in the California Code of Regulations, Title 10, Section 2699.6805. Each year a list of T&SN providers is generated using these categories.

d) Community Provider Plan

The primary use of the T&SN provider list is to designate a Community Provider Plan (CPP) in each county. The CPP is the health plan in each county that has done the best job of including T&SN providers in its provider network. Member families who select the CPP are offered a premium discount of \$3 per child per month. This discount reflects policy makers' interest in providing an incentive for members to give special consideration to the health plan with the highest percentage of T&SN providers in its network.

The CPP designations for benefit year 2007-08 are available on the MRMIB website at:

http://www.mrmib.ca.gov/MRMIB/HFP/CPP_Desig_07-08.pdf

2. Rural Health Demonstration Projects

a) Background

The Rural Health Demonstration Project (RHDP) enhances access to medical services by addressing healthcare barriers experienced by children living in rural areas of the state and children of special populations. The RHDP increases access to health, dental, and vision care through two strategies:

- ♦ Geographic Access Strategy that funds projects in geographically isolated communities, and
- ♦ Special Populations Strategy that funds projects in communities with underserved populations such as migrant seasonal farm workers, American Indians, and fishing and forestry workers.

b) RHDP Funding

Funding for the RHDP is allocated by the California Legislature and the Governor as part of the State Budget process. The federal government provides matching funds through the State Children's Health Insurance Program (SCHIP) under Title XXI of the Social Security Act. The state/federal funding formula for the RHDP is approximately thirty-five percent (35%) state funds and sixty-five percent (65%) federal funds. State funds for the RHDP come from Proposition 99. Declining revenues in Proposition 99 have lead to a decrease in funding for the RHDP in the proposed 2008-09 budget. The Governor's proposed 2008-09 budget provides \$2,582,857 for the RHDP. This is a reduction of \$3,265,714 (56%) compared to the 2007 Budget Act funding level of \$5,848,571.

c) Current Projects

MRMIB currently funds 24 RHDP projects, 15 of which provide healthcare services and 9 of which provide dental services. Six projects provide mental health and/or substance abuse treatment and three projects provide general anesthesia for dental procedures in ambulatory surgical settings.

- ♦ Current RHDP projects fall into eight major categories:
 - > Extended/Additional Provider Hours
 - > Mobile Dental Vans
 - > Increase the Number of Available Providers
 - > Telemedicine
 - > Mental Health and Substance Abuse Services
 - > Nutrition/Obesity Prevention
 - > Diabetic and Nutrition Education
 - > Asthma Intervention
 - > Providing General Anesthesia for Dental Procedures

A list of funded projects can be found on the MRMIB website at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_091907/Agenda_item_8i_RHDP.pdf

B. Cultural & Linguistic Services (C&L)

Plans identify and monitor the cultural and linguistic needs of their members through two methods:

- ♦ Group Needs Assessment.
- ♦ Cultural and Linguistic Services Survey.

1. Group Needs Assessment

Each plan is contractually required to complete a Group Needs Assessment (GNA) every four years to identify the cultural and linguistic needs of its population and to provide appropriate services for its diverse member population.

The GNA examines the demographic profile of each plan's members by race, ethnicity and language. The GNA also examines other data such as the health risks, beliefs, and cultural practices of the plan members.

The GNA requires each plan to assess the internal systems it has in place to address the cultural and linguistic needs of their members, including the plan's capacity to provide linguistically appropriate services. Plans accomplish this by evaluating:

- ♦ Internal data such as complaints and grievances received from plan members;
- ♦ Results from member satisfaction surveys;
- ♦ Diversity and language ability of staff;
- ♦ Internal policies and procedures; and
- ♦ Education and training of staff and providers regarding cultural and linguistic competency issues.

Members, as well as their representatives, are given the opportunity to provide input to the GNA through participation in their plan's GNA workgroup and committees.

Plans are to use the GNA to develop a plan to address the identified member needs. Plans explain how the proposed services will improve or be implemented, with special attention to addressing cultural and linguistic barriers and reducing racial, ethnic, and language disparities. Plans are required to report annually as part of the Cultural and Linguistic Services Survey on the status of their activities.

HFP plans submitted their GNAs to MRMIB in September 2007. MRMIB staff will report to the Board on the results of the GNA in late 2008.

2. Cultural and Linguistic Services Survey Report

a) Assessing C&L services

MRMIB assesses how plans meet HFP member needs related to language access and culturally appropriate services through an annual survey completed by each plan. The Cultural and Linguistic Services Survey Report (C&L Report) describes how HFP plans fulfill the contractual requirement to provide culturally and linguistically appropriate services to members. The C&L Report also includes an update of the activities and/or services plans propose to implement as a result of the Group Needs Assessment. The 2007 C&L Services Survey Report identified a number of best practices and innovative methods HFP plans use to address the C&L needs of limited-English proficient members. Some of these best practices and innovative methods include:

- ♦ Member service representatives confirming language preference during any contact with members.
- ♦ New providers being given a manual that includes Interpreter Quick Reference Cards and Language Identification Cards that instruct members to “Point to your language and an interpreter will be provided to you at no cost.”
- ♦ Implementing incentive programs to reward provider offices that affirmatively identify the language preference of members and document those preferences in the member medical records.
- ♦ Adopting the use of various formats of “I Speak” identification badge labels to identify qualified bilingual staff.
- ♦ Using specific ethnic consumer focus groups as focal points for field testing translated materials as they are being developed.

b) Other Activities Undertaken By The Plans

In addition, participating plans undertake a variety of other activities to provide culturally and linguistically appropriate services to their Limited-English Proficient (LEP) members. These activities include:

- ♦ Informing members of the availability of linguistic services.
- ♦ Providing interpreter services for all LEP members seeking health services.
- ♦ Maintaining a website that identifies and reports the on-site linguistic capabilities of providers and provider office staff, as well as the distance from a member's residence to a provider's office.
- ♦ Encouraging members to choose culturally and linguistically appropriate providers.
- ♦ Translating written informational materials for members.
- ♦ Developing internal systems to meet the cultural and linguistic needs of members.

The 2007 Cultural and Linguistics Services Survey can be found on the MRMIB website at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_102407/7f_CL_summary_10-24-07_FINAL_DRAFT.pdf

The May 2008 C&L Services Survey found little change in the plans' cultural and linguistic activities compared with the 2007 C&L Services Survey. Based on the results of the survey, MRMIB is evaluating:

- ♦ How often to conduct the survey.
- ♦ Simplification of the survey.
- ♦ The potential of collaborating with the Department of Managed Health Care (DMHC) to determine if the C&L requirements in HFP that are different from the DMHC's Language Assistance Program (LAP) requirements can be monitored and evaluated during DMHC's site reviews of the plans.

MRMIB will continue to work with advocacy groups to determine how best to use the survey to address the C&L needs of HFP members.

The 2008 Cultural and Linguistics Services Survey can be found on the MRMIB website at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052108/Agenda%20Item%208.f%202007-08%20Cultural%20and%20Lingustic%20Services%20Survey.pdf

IV. MONITORING QUALITY OF SERVICE AND SERVICE DELIVERY

A. Plan Performance Profiles

In 2007, MRMIB compared the quality performance of HFP health, dental and vision plans using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey of health plans, the Consumer Assessment of Dental Plans Survey (D-CAHPS®) survey of dental plans and the Young Adult Health Care Survey (YAHCS®), along with five HEDIS® measures. Each plan had areas of mixed results, areas for improvement, and areas of achievement. The plan profiles were presented publicly at the September 19, 2007 Board meeting. MRMIB will use the results of the comparison to evaluate which plans will be offered 2008-09 HFP plan contract extensions. The plan performance profiles will be completed annually.

The plan profiles can be found on the MRMIB website at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_091907/8d_plan_performance_profiles.pdf

B. Member Surveys

1. Consumer Satisfaction Surveys

a) Assessing HFP member satisfaction with their plans

MRMIB uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 3.0 survey and the Consumer Assessment of Dental Plans Survey (D-CAHPS®) 1.0 survey to gather information about HFP member satisfaction with their health and dental plans. MRMIB has conducted the CAHPS for five non-consecutive years and the D-CAHPS® for four non-consecutive years. In 2006, MRMIB began conducting the Young Adult Health Care Survey (YAHCS®) which surveys teens about their experiences with HFP health plans.

All three surveys were administered in five languages – English, Spanish, Chinese, Korean and Vietnamese. Responses from the CAHPS® and D-CAHPS® surveys provide information on access to care, quality of provider communication with members and members' experience and satisfaction with their plans, providers and overall health care. Responses from the YAHCS® provide information on the quantity and quality of medical care and recommended counseling and screening teens receive.

b) New surveys administered in 2007

The CAHPS®, D-CAHPS® and YAHCS® surveys were administered again in late 2007.

- ♦ The CAHPS® included a supplemental survey to assess the experiences of members with chronic medical conditions.
- ♦ The D-CAHPS® was updated and customized for the HFP with the assistance of the RAND Corporation. The most recent version of the survey, the D-CAHPS® 4.0 was used in 2007 survey.

The 2007 CAHPS®, D-CAHPS® and YAHCS® surveys can be found on the MRMIB website at:
<http://www.mrmib.ca.gov/MRMIB/HFP/Health07ConsSurRpt.pdf>
<http://www.mrmib.ca.gov/MRMIB/HFP/Dental07ConSurRpt.pdf>
<http://www.mrmib.ca.gov/MRMIB/HFP/YoungAdult07ConSurRpt.pdf>

An analysis of the CAHPS data is being compiled and will be presented to the Board in June 2008.

2. Plan Disenrollment Survey

During open enrollment, all members who request to transfer to a different health, dental or vision plan are sent a plan disenrollment survey by the HFP administrative vendor. The survey requests information on why members decided to switch plans. Survey questions address plan quality, cost, adequacy of the provider network, and access to primary care providers. The 2008 plan disenrollment survey will be sent to members requesting transfer to a different plan as soon as open enrollment begins. Open enrollment for 2008-09 has been delayed due to severe budget shortfalls in California. Open enrollment will occur after the Legislature and the Governor enact a budget.

3. Member Complaints

MRMIB receives direct inquiries and complaints from HFP members. All HFP inquiries and complaints are entered into a database that is categorized by the member's plan, place of residence, the family's primary language and type of request. This data enables staff to:

- ♦ Track complaints by plan.
- ♦ Monitor access to medical care by plan.
- ♦ Evaluate the quality of health care being rendered by plan.
- ♦ Evaluate the effectiveness of plans in processing complaints.
- ♦ Monitor the plan's ability to meet the linguistic needs of members.
- ♦ Refer a complaint to DMHC for an independent medical review as needed.

The majority of complaints MRMIB receives relate to eligibility determination. However, MRMIB also receives a large number of complaints that relate to billing problems which usually involve a provider billing a member for services that should have been covered by the plan. MRMIB staff work with the plan and subscriber to resolve these issues.

V. THE YEAR AHEAD

MRMIB will continue to monitor HFP plan and provider performance using current surveys and tools. In addition, MRMIB expects to begin collecting encounter and claims data to track utilization of health care services in 2009. MRMIB will track health plan performance over time and incorporate cultural and linguistic access in evaluating plan performance.

A. HEDIS REPORT

The HEDIS[®] report for 2009 will include one additional measure:

LEAD SCREENING IN CHILDREN

The percentage of HFP enrolled children who received at least one capillary or venous lead screening test on or before their second birthday.

B. Consumer Satisfaction Surveys

MRMIB will not conduct the CAHPS[®], D-CAHPS[®], or YAHCS[®] in 2008-09. Declining revenues in Proposition 99 have resulted in funding being eliminated in the proposed 2008-09 budget.

C. New Dental Quality Measures

MRMIB is requiring the HFP dental plans to submit new dental quality data for 2008-09. MRMIB staff will report the data to the Board in 2009.

D. Advisory Committee on Quality

MRMIB will be convening a quality advisory committee during 2008-09. The purpose of the committee will be to advise MRMIB on monitoring the quality of care provided to HFP members and help MRMIB devise quality improvement efforts. The Committee will be comprised of:

- ♦ Health and dental plan representatives.
- ♦ Health care quality researchers.
- ♦ HFP Advisory Panel members.
- ♦ Pediatricians and pediatric specialists (including mental health).
- ♦ Representatives from the Department of Mental Health, the Department of Health Care Services, and the Department of Managed Health Care.
- ♦ Individuals who have expertise in:
 - > Using encounter data to advance quality improvements.
 - > Consumer-friendly public reporting of health plan quality data.

The first meeting of the committee is planned for September 2008.

E. Member Encounter and Claims Data

MRMIB is developing an encounter/claims database that will collect utilization data from HFP health plans. This data will broaden the scope and depth of quality of care information available to MRMIB and is intended for use in a number of reports and projects. Plans will begin reporting data in early 2009.

F. Immunization Rates

MRMIB will consult with the quality advisory committee about establishing the goal of 95% plan immunization rates and will publicly recognize those plans that reach that goal.

VI. SUMMARY

The HFP health and dental plans continue to promote and provide preventive services to HFP members. The plans also work to prevent barriers to service delivery for HFP members. However, there are still a number of areas that need improvement and require attention by the plans, including:

- ♦ Increasing the percentage of HFP members who receive all recommended immunizations.
- ♦ Ensuring that young children are screened for lead poisoning.
- ♦ Improvements in how plans provide Culturally and Linguistically appropriate services.
- ♦ Improvement in D-CAHPS scores.
- ♦ Increasing the counseling and screening for risky behaviors that teens receive in the HFP.

MRMIB will continue to work with plans to improve their preventive and member satisfaction services scores. MRMIB will monitor and publicly report preventive services and member satisfaction data to encourage plans to improve their performance. MRMIB will work with plans to identify best practices and, where necessary, develop corrective action plans and timelines for completion.